Section: Community Medicine

Original Research Article

CONTRACEPTIVE PRACTICES ADOPTED BY WOMEN ATTENDING AN IMMUNISATION CLINIC OF A TERTIARY CARE INSTITUTE: A CROSS-SECTIONAL STUDY

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Received *: 06/08/2024*
Received in revised form *: 24/09/2024*
Accepted *: 08/10/2024*

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DOI: 10.70034/ijmedph.2024.4.15

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2024; 14 (4); 70-75

ABSTRACT

Background: Birth control or contraception and reproductive health have become an essential part of women's health, by which we can prevent unwanted pregnancies, and family planning is achieved by using highly effective and safe methods of contraception. Over the past few decades, a high growth was seen in the use of contraceptives in the developing countries also and they have been associated with a decrease in the number of unintended pregnancies, and by the effect of it, we achieved reduction in maternal mortality by approximately 40%. **Objective:** To assess the awareness and contraceptive practices of women attending immunisation clinic of a tertiary care institute.

Materials and Methods: This cross-sectional study was conducted in women aged 20-40 years attending immunisation clinic of the department of Community Medicine of a tertiary care hospital of Kashmir.

Results: Majority (89.0%) of women belonged to age group 25-34 years. 70% of participants were literate. Majority (85%) of them were homemaker by occupation. 83.0% of participants belonged to Middle-Class. 38.0% of participants had two children. Majority of participant's husband were literate (88%). 67% of participants were aware regarding different contraceptives. Out of 400 only 180 (45%) of the participants were currently practicing contraceptives. In majority (91%) of participants the decision on fertility were taken by both husband and wife. In our study, Age (p=0.031), Education (p=0.020), SES (p=0.007), Parity (p=0.001) and husbands Education(p=0.002) of the participants was found out to be Statistically Significant with the practice of Contraception.

Conclusion: In the present study, we found that majority of the participants were literate and they had awareness about Contraceptives but the Contraceptive Practice was low.

Keywords: Contraceptive Practices, Family Planning, Hospital.

INTRODUCTION

In the present scenario, birth control or contraception and reproductive health have become an essential part of women's health, by which we can prevent unwanted pregnancies, and family planning is achieved by using highly effective and safe methods of contraception. Over the past few decades, a high growth was seen in the use of contraceptives in the developing countries also and they have been associated with a decrease in the number of unintended pregnancies, and by the effect of it, we achieved reduction in maternal mortality by approximately 40%.[1] Along with the benefits to improve in women health better Perinatal outcomes and Child Survival were reflected by an increase in inter-pregnancy gaps with the help of Contraceptives.

Along with that, it has multiple Non Contraceptive health benefits and Therapeutic uses, such as treating polycystic ovarian syndrome, regulating the menstrual cycle, reducing the risk of various Gynecological cancers, and decreasing the incidence of Sexually Transmitted Infections in females.[2] In spite of the availability of a wide range of safe and effective contraceptives methods in the present time population control remains a distant dream to be achieved.[3] India with one of the world's fastest growing populations, is a nation very much in need of contraceptive counseling.[4] Contraceptive advice is a vital component of good community health. An ideal contraceptive should suit an individual's personal, social, and medical needs. Socio-economic factors and education are some of the factors that play an important role in family planning acceptance. There are approximately 40 million women in India who would prefer to avoid becoming pregnant but are not practicing any form of contraception.[5] The higher fertility in India is due to various reasons such as universality of marriage, early age of marriage, low level of literacy, poor level of living, unmet need of contraceptives and traditional ways of life, and demands for a male child. For that, we need various Information, Education and Communication (IEC) programs, to make the population aware and change their attitude towards contraceptive methods and meet their unmet needs. This study was conducted with the aim to assess the contraceptive practices among women attending immunisation clinic of a tertiary care institute in Kashmir.

MATERIALS AND METHODS

This facility-based cross-sectional study was conducted among women attending the immunisation clinic of department of Community Medicine, SKIMS MC & H, Bemina, Kashmir. The study was conducted for a period of six months from July 2023 to December 2023. The study included women in the age group of 20 to 40 years who accompanied their children for immunization in the hospital.

Inclusion Criteria

1. Who gave consent.
2. Age of more than 20 years.

Exclusion Criteria

1. Who were not willing to participate in the study.

After applying inclusion and exclusion criteria, informed consent was taken from the study participants after explaining the purpose of the study to them and 400 women were included in the study by using non-probability purposive sampling technique. A pre-tested semi-structured questionnaire having questions on socio-demographic profile such as age, education, occupation, etc., awareness about contraceptives and practice of contraception was used for data collection by an investigator by conducting face to face interviews in their local language after taking their consent. To assess their awareness about contraception, the study participants were asked to spontaneously mention the various contraceptive methods that they knew such as sterilization, pill, intrauterine device (IUD), injectables, condoms, emergency contraception, and traditional methods of contraception, etc. and use of any method of contraception during their lifetime.

Statistical Analysis

After collecting the data, it was compiled and entered in an MS excel sheet initially, then statistical analysis was performed, and the results were expressed in number and percentages. SPSS 24.0 software was used. P value of > 0.05 was considered to be significant.

Ethical Approval

Ethical clearance was obtained from the Institutional Ethics committee before conducting the study.

RESULTS

Table 1 depicts majority (89.0%) of women belonged to age group 25-34 years. 70% of participants were literate. Majority of them were homemaker (85%). *Socio-economic status was assessed using the modified BG Prasad's classification 2023. Class-I = Upper-Class, Class-II, Class-III and Class-IV (grouped together) = Middle-Class and Class-V = Lower-Class.83.0% of participants belonged to Middle-Class, 13.0% belonged to Lower Class and only 4.0% belonged to Upper-Class. 40.0% had only one child, 38.0% had two children and 22.0% had 3 children. Majority of participant's husband were literate (88%). [Table 1]

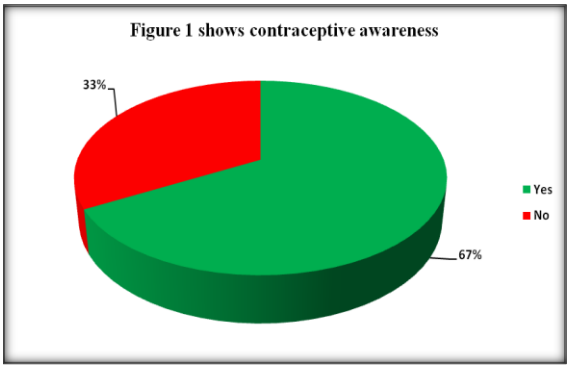

Figure 1: shows that 67% of participants were aware regarding different contraceptives

Table 2 shows that 56% of the participants had ever practiced contraception whereas only (45%) of the participants were currently practicing it. Out of 180 (45%) more than half (55.5%) of the participants were using barrier method followed by natural methods (17.8%), Female sterilization (8.9%), OCP and Injectable (6.7%) and Copper-T was found to be least (4.4%) only. Out of 110 participants who are not using contraception 40 women (36.4%) were afraid of side effects, 48 women (43.6%) wanted to conceive and 22 women (20%) did not have knowledge about the various methods of contraception. Majority (64.4%) of participants used contraceptives for spacing between children. More than half (51.1%) of participants got contraceptives from health

centres. Only 8.9% of participants had ever switched from one type of contraception to others. In majority (91%) of participants the decision on fertility were taken by both husband and wife and only in 9% of participants only husband takes decision about fertility. [Table 2]

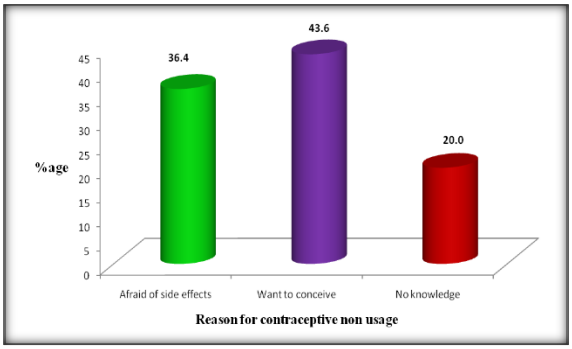

Figure 2: Shows reasons for contraceptive non-usage n=220

Table 3 shows association of contraceptive use with the socio-demographic characteristics in which age group 30-34 years having the largest percentage of contraception users 61.1%. For contraception non-users, the largest percentage of women who don't use contraception was in the age group 25-29 (48.2%) and the difference was statistically significant (p=0.031). As per level of education is considered contraceptives were used by women who were Graduate and above 80 (44.4%) followed by illiterate women 52 (28.9%). For contraception non-users, it was near about equal in illiterates and graduate and above 68 (30.9%) and 64 (29.1%) respectively and the difference was statistically significant (p=0.020). As far as socio-economic status is considered contraception use as well as non-users were higher in women belonging to Middle-class 138 (76.7%) and 194 (88.2%) respectively and the difference was statistically significant (p=0.007). Contraceptive use were highest in women had 3 children 43.3% and non-users were the women who had only 1 child 50.9% and the difference was statistically significant (p=0.001). In 57.8% of women whose husbands were graduate, contraceptive use was higher. For contraception non-users, highest percentage also belonged to graduates (29.1%) and the difference was statistically significant (p=0.002)

Table 1: Socio-demographic Characteristics of the Study Participants (N=400)

Socio-demographic Characteristics	Frequency (n)	Percent (%)
Age in years		
20-24	20	5.0
25-29	156	39.0
30-34	200	50.0
35-39	24	6.0
Education		
Illiterate	120	30.0
Primary	60	15.0
Secondary	60	15.0
Higher-Secondary	16	4.0
Graduate and above	144	36.0
Occupation		
Homemaker	340	85.0
Service	60	15
***Socio-economic status**		
Upper Class	16	4.0
Middle Class	332	83.0
Lower Class	52	13.0
Parity		
1	160	40.0
2	152	38.0
3	88	22.0
Husbands Education		
Illiterate	48	12.0
Primary	80	20.0
Secondary	68	17.0
Higher-secondary	36	9.0
Graduate	168	42.0
Total	**400**	**100.0**

Table 2: Contraceptive Practices among the participants (N=400)

Practices	Frequency (n)	Percentage (%)
Ever Practiced		
Yes	224	56
No	176	44
Currently using Contraception		
Yes	180	45
No	220	55
Type of contraceptives used (n=180)		
Condom	100	55.6
OCP	12	6.7
Copper-T	8	4.4

Injectable	12	6.7
Female sterilization	16	8.9
Natural method	32	17.8
Reason for contraceptive usage (n=180)		
Spacing between children	116	64.4
To avoid pregnancy for any medical reason	64	35.6
From where you obtain contraceptives (n=180)		
Health centre	92	51.1
pharmacy	88	48.9
Did you ever switch from one method to another (n=180)		
Yes	16	8.9
No	164	91.1
If yes reason for switching (n=16)		
Safety	4	25
Side effects	8	50
Recommended by physician	4	25
Who makes the final decision on fertility (n=400)		
Husband	36	9
Both	364	91

Table 3: Association of Contraceptive use with Socio-demographic Characteristics of the Study Participants (N=400)

Socio-demographic Characteristics	Contraceptive Use Yes (180)	Contraceptive Use No (220)	P-value
Age (years)			
20-24	6(3.3)	14 (6.4)	0.031
25-29	50(27.8)	106 (48.2)	
30-34	110(61.1)	90 (40.9)	
35-39	14(7.8)	10(4.5)	
Education			
Illiterate	52 (28.9)	68 (30.9)	0.020
Primary	24 (13.3)	36 (16.4)	
Secondary	14 (7.8)	46 (20.9)	
Higher-Secondary	10(5.6)	6 (2.7)	
Graduate and above	80 (44.4)	64 (29.1)	
Socio-economic status			
Upper-Class	10 (5.5)	6 (2.7)	0.007
Middle-Class	138 (76.7)	194 (88.2)	
Lower-Class	32 (17.8)	20 (9.1)	
Parity			
1	48 (26.7)	112 (50.9)	0.001
2	54 (30.0)	98 (44.5)	
3	78 (43.3)	10 (4.5)	
Husbands Education			
Illiterate	8 (4.4)	40 (18.1)	0.002
Primary	34 (18.9)	46 (20.9)	
Secondary	22 (12.2)	46 (20.9)	
Higher-secondary	12 (6.7)	24 (10.9)	
Graduate	104 (57.8)	64 (29.1)	
Total	**180 (100%)**	**220 (100%)**	

DISCUSSION

SOCIO-DEMOGRAPHIC CHARACTERISTICS

In our study majority 89% of participants belonged to age group 25-34 years. This was in accordance with the study by Sonali sain et al were most of the women belonged to the age group of 20-30 years 80.7%,[6] but in contradiction with the study by Shukla M et al and Thapa P et al were 60% and 53% of the women belonged to the age group of 26-35 years and 20-34 years respectively.[7,8] In a study by Gaonkar NS et al only 47% of participants belonged to 25-34 years.[9] In out study 70% of participants were literate. So this was in accordance with the study conducted by Shukla M et al which also showed 80% of participants were literate,[7] but was contrary to the studies by Ahirwar RK et al and Rizvi A et al were only 24.5% and 33% of participants were literate respectively.[10,11] Our study showed 85% of participants were home maker by occupation and this was in accordance with the study conducted by Gaonkar NS et al and Sonali sain et al were 72% and 88% of participants were home maker by occupation respectively.[9,6] In our study 83.0% of participants belonged to Middle-Class. This was in accordance with the study conducted by Sonali sain et al were 92% of participants belonged to Middle-Class.[6] Our study showed that 38% of participants had Parity 2 which was in accordance with the study conducted by Shukla M et al were 39% of participants had parity 2 but was in contradiction to the study conducted by Gaonkar NS et al were 64% of participants had parity 2.[7,9] In our study majority of participant's Husbands were literate 88%. This was in accordance with the studies conducted by Dethe A et al and Gaonkar NS et al who showed

100% and 94% of participant's Husbands were literate.[12,9]

AWARENESS ABOUT CONTRACEPTION

ln our study, we found that the study participants awareness about the contraceptives was 67% and this was in accordance to the study by Blanc A K et al which recorded 73.9% awareness overall.[13] A study conducted by Shukla M et al showed that 91% of women were aware of one or more methods of contraception which was in contrast to our study.[7] In two other Indian studies also, Rao PD et al and Renjhen P et al, the awareness rate was 82.8% and 100% respectively.[14,15]

CONTRACEPTIVE PRACTICES

56% of participants in our Study have ever used contraception. This was in contrary with the study by Thapa P et al were it was found that 70.8% of the women reported of having ever used any type of contraceptives.[8] In our study only 45% of the participants were currently practicing Contraception. This was in accordance with the studies by Renjhen P et al and Sonali sain et al in which 55% and 44% of participants were practicing contraceptives Respectively.[15,6] But this was in contrary to the studies by Dethe A et al, Thapa P et al and Shukla Met al were 65% ,65% and 62.5% of participants were using Contraceptives Respectively.[12,8,7] In our study more than half (55.5%) of the participants were using barrier method followed by natural methods (17.8%), Female sterilization (8.9%), OCP and Injectable (6.7%) and Copper-T was found to be least (4.4%). This was in contrary to the study conducted by Shukla M et al in which male condoms were the major method used (26.8%) followed by OC pills 16.8% and only 3.5% used IUCD for contraception.[7] In a study by Thapa P et al majority (35.6%) of the respondents were using Injection Depo-Provera followed by female sterilization (18.5%); Abstinence (0.7%). Male sterilization was found to be least (2.2%) practiced.[8] As per the study by Dethe A et al most commonly used contraceptive method was barrier method (78%) followed by tubal ligation (41%), no one accepted vasectomy as contraceptive method.[12] Among the women using temporary methods, 27.3% used copper-T, 36.4% used oral contraceptive pills and another 36.4% had adopted other temporary methods of contraception as per the study by Gaonkar NSet al.[9] Our study shows that majority (64.4%) of participants used contraceptives for spacing between children. This was in accordance with the studies conducted by Shukla M et al and Thapa P et al were most of the women were using contraceptives for spacing 53.8% and 71.5% respectively.[7,8] Near about half (51.1%) of participants got contraceptives from health centres. This was in accordance from the study by Gaonkar NS et al were among users of temporary methods of contraception, majority (50%) of them obtained it from primary health centre (PHC)/sub-centers (SC).[9] In majority (91%) of participants in our study the decision on fertility were taken by both husband and wife and only in 9% of participants only husband takes decision about fertility. This was in contrary to the study by Khan M M et al were in 55% of participants both husband and wife take the decision on fertility.[16]

REASON FOR CONTRACEPTIVE NON-USAGE

Out of 220 (55%) participants in our study who are not using contraception 80 women (36.4%) were afraid of side effects, 96 women (43.6%) wanted to conceive and 44 women (20%) did not have knowledge about the various methods of contraception. This was contrary to a study by Gaonkar N S et al a total of 32.5% women had not adopted any family planning methods. Among non acceptors, 60% women said that they were planning for another child while 30% cited pressure from family as the reason for non-acceptance.[9] But Similar findings were seen in a study conducted by Shukla M et al were out of 205 women who are not using contraception 112 women (54.6%) did not having knowledge about the various methods of contraception. Other reasons for not practising contraception were cited as desire for male child, religious reasons, fear of side effects, fear of family opposition etc.[7]

ASSOCIATION BETWEEN PRACTICES OF CONTRACEPTION WITH THE SOCIOECONOMIC CHARACTERISTICS OF PARTICIPANTS

In our study, age (p=0.031), education (p=0.020), SES (p=0.007), parity (p=0.001) and husbands education(p=0.002) of the participants was found out to be statistically significant with the practice of contraception. A study conducted by Gaonkar NS et al showed similar findings age of the woman, religion, education, husband's education and number of children were found to be significantly associated with contraceptive usage.[9] This was similar to findings of a study by Mohanan et al were age of the woman, number of living children, religion, family income and type of family were found to be significantly associated with acceptance of contraceptives.[17] Divedi et al in their study also observed significant association between contraceptive usage and woman's age, education, husband's education and religion.[18]

CONCLUSION

In the present study, we found that majority of the participants were literate and they had awareness about contraceptives but the practice of using contraceptives was low. Based on the findings of the present study, we recommend that efforts should be intensified to enhance their awareness about contraception and practice including effective contraceptive use. So, there a need for sensitizing the women regarding small family norms and the health benefits of it. Extended efforts about IEC and BCC are required to make the women understand

the importance of contraception and its effective use. Family planning and correct choice of contraceptives is very essential.

RECOMMENDATIONS

The recommendations are based on above observations and lay stress on IEC activities for acceptance of contraceptive practices in the community. Information and education regarding various methods of contraception, benefits of spacing birth and advantages and side effects of all methods should be explained to the women attending the immunization clinics. Family members especially husbands and mother-in-laws should be involved while giving health education as they are the decision makers. Health care providers have to ensure the spread of information regarding all the modes of contraception available these days. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is necessary. Permanent contraception should be encouraged in both males and females to ensure better maternal and child health.

REFERENCES

1. Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. Lancet 2012; 380:149-56.
2. Costa FJ. Non-contraceptive benefits of contraception. Sex Planeam Fam 1995; 8:16-8.
3. Sharma AK, Grover V, Agrawal OP, Dubey KK, Sharma S. Pattern of contraceptive use by residents of a village in South Delhi. Ind J Pub Health 1997; 41:75-8.
4. Hammad AQ, Hashmi A, Syed AR, Jamil AS, Aslam G. Contraceptive methods and factors associated with modern contraceptive in use. J Fam Reprod Health. 2010; 4:41-6.
5. Al-Mualm YK. Knowledge, attitude and practice of husbands towards modern family planning in Yemen. 2007.
6. Sain S., Dey I., Mukhopadhyay P. Contraception among the mothers attending a tertiary care hospital of Kolkata. Journal of Medical Sciences and Clinical Research 2019;7(6):265-270.
7. Shukla M, Fonseca M, Deshmukh P. A study on contraceptive knowledge, attitudes and practices among women in the reproductive age group. Int J Reprod Contracept Obstet Gynecol 2017; 6:3560-3.
8. Thapa P, Pokharel N, Shrestha M (2018) Knowledge, Attitude and Practices of Contraception among the Married Women of Reproductive Age Group in Selected Wards of Dharan Sub-Metropolitan City. J Contracept Stud Vol.3 No.3:18
9. Gaonkar NS, Koppad R, Sridevi NH. A study on contraceptive use among women attending immunization clinic at McGann teaching hospital, Shimoga. Int J Community Med Public Health 2020; 7:729-32
10. Ahirwar RK, Kumar S, Gupta S, Niranjan A, Prajapati K, Rawal S. A study to assess the socio-demographic factor and knowledge, attitude, and practice of family planning methods in Lohpeeta migrants tribe located in Shivpuri central India. J Family Med Prim Care 2021; 10:1308-12.
11. Rizvi A, Mohan U, Singh SK, Singh VK. Assessment of knowledge of contraceptives and its practice among married women in urban slums of Lucknow district. Indian J Community Health 2013; 25:6-11.
12. Dethe A, Kaswan P, Shidam UG, Gawande BS, Kaur D. A cross sectional study of contraceptive use and reasons for unmet needs among mothers attending immunisation clinic at tertiary care centre of central India. Int J Community Med Public Health 2020; 7:3575-80
13. Blanc AK, Way AA. Sexual behavior and contraceptive knowledge and use among adolescents in developing countries. Stud Fam Plann 1998; 29:106-16.
14. Rao PD, Babu MS. Knowledge and use of contraception among Racha Koyas of Andhra Pradesh. Anthropologist. 2005; 7:115-9.
15. Renjhen P, Gupta SD, Barua A, Jaju S, Khati B. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008; 58:63-7.
16. Khan M.M.,Shaikh S.T. & Shroff G.A. Study of Knowledge and Practice of Contraception in Urban Slum Community, Mumbai. International Journal of Current Medical and Applied Sciences, vol.3. Issue: 2, 2014. PP: 35-41.
17. Mohanan P, Kamath A, Sajjan B. S Fertility pattern and family planning practices in a rural area in Dakshina Kannada. Indian J Community Med. 2003;28(1):15-8.
18. Divedi P, Rawat R, Vishwakarma S, Mittal N, Dwivedi D. Cross sectional study for contraceptive practices in antenatal women at tertiary rural institute. Int J Res Med Sci. 2018; 6:618-22.